

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From OS1. Committee I.D. Number 4. Candidate Last Name KNOWLES MARK 4a. Office Sought Including District # or Community Served (If applicable)

SUPERVISOR HARRSON TUP

4b. County of Residence Driver License # (Optional) OTE MARK KNOWLES 4b. County of Residence Committee's Mailing Address 6. Treasurer's Name & Residential Address JAME AS Above Area Code & Phone (____) If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official. Driver License # (Optional) 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) SAME AS A Area Code and Phone (_ Area Code and Phone _(_ Driver License # (Optional) 9. TYPE OF STATEMENT 9c. Annual Statement (_____ 9a. Pre-Election Coverage Year) OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: 9d.
Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) ☐ Primary General 9e Dissolution of Candidate Committee □ Convention ☐ School Effective Date of Dissolution ☐ Special ☐ Caucus Month Day Date of Election, Convention or Caucus By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filling fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an armendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived. 10. Verification: f\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keepe MARK KNOWES

Type or Print Name



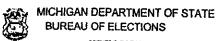
MICHIGAN DEPARTMENT OF STATE , Bureau of Elections

1. Committee I.D. Number 13712

2. Committee Name CTE MARK KNOWES

SUMMARY PAGE CANDIDATE COMMITTEE

RECEPTS	Calema	
3. Contributions	Column This Period	Column II Curnulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) s <u>1355</u> °C.	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>Ø</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1355 @</u>	(18.) \$ 1355 00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>/355@</u>	(20.) \$ 135500
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(e.) s	(21.) \$ Ø
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$ Ø
EXPENDITURES		
8. Expenditures	~~~~~	
a. Itemized (Schedule 18, Column 6)	(8g.) \$ <u>5983.94</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	+001
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) s <u>5983.99</u>	(23.) \$5983.94
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		~
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
	BALANCE STATEMENT	Andrew April Committee and Committee and All Mark State of the State of the Committee and Andrew State of th
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) s <u>5215.36</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.)+s <u>/355.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6570.36</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)- \$ <u>5983.94</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) s <u>586.42</u> .	
,		

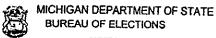


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137127
2. Committee Name CTE MARK Knowles

			· · · · · · · · · · · · · · · · · · ·	
Enter contributor's name and address. If c middle initial. Check box to indicate if cont Committee (PAC) Report <u>all</u> contributions	Inbution is from a Political C	luai, enter last name, first name, ommittee or an independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
Contribution # 1 PAC Receipt? Name & Address:	لنا	Receipt 9-26-08		date of receipt)
Harrison Tup F 39460 Jefferson	-Tre PAC			~ . 00
Harrison Two No. 15. If over \$100.00 cumulative, please pro	IT LIGALIC		\$ <u>500.00</u>	\$ 500
Occupation PAC	Employer	i		r Memo Itemization
Business Address 39460 Jeff	erson, Harr	ison The MI 4	8045	
Type of Contribution: Direct	Loan from a person	V Fund Raiser		
Contribution #2 PAC Receipt? Name & Address		eceipt 9-26-08		
Simmons, John	E.			
37294 Jefferson	`		20.00€	; 20°°
Harrison Tup 1	VI 48045			·
5. If over \$100.00 cumulative, please prov			Click Here for	Memo Itemization
Occupation	Employer	/		ļ
Business Address		-/		
Type of Contribution: Direct	Loan from a person	V Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address:	h	teceipt 9-26-08		
Swiatkowski Joh			•	
29540 Old N. RN			\$ 20.00	s <u>Z</u>
Harrison Tup WI 5. If over \$100.00 cumulative, please prov			Click Here for	Memo Itemization
Occupation	_			
Business Address	Employer			
Type of Contribution: Direct	Loan from a person	V Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of F	Receipt 9-26-68	· · · · · · · · · · · · · · · · · · ·	
Brato, David				
39020 Parkham Cin	cle _		° 52.∞	. 2500
Harrison Tup MIU 5. If over \$100.00 cumulative, please prov	18042			Ψ
Occupation	. Employer		Click Here for I	Memo Itemization
Business Address		<i>i</i>		
Type of Contribution: Direct	Loan from a person	Fund Raiser		·
		Page Subtotal	56500	
	*	Grand Total of All Schedules 1A		
	, (Cc	emplete on last page of Schedule)	Enter this total on	
Page ' of			line 3a of Summary Page.	

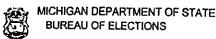


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137127
2. Committee Name CTE MARK KNOWES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name,		
microile initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9-26-08 Name & Address: Vnowles, Dolores	- /	
Eastpointe MT 48045	s 100.00	, 100 00
5. If over \$100.00 cumulative, please provide:	,	
Occupation Employer	Click Here for	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-26-08 Name & Address		
Tas, Steven 30338 33 Mile Rd.	<u>00.08</u> 2	· 80°°
Richmond, MI		
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-26-08		
Petersmark, Edward 560 Sedgefield Dr.		~ ~ ~
560 Sedgetield Dr.	\$ 20.00	\$ 30
Bloomfield Hills MI 48304	Clinic Hama for	
5. If over \$100.00 cumulative, please provide:	Click riere for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person V Fund Ralser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4 26-08		
Lori Dennis, Lori		5-00
27015 Ballard	25.00	s 25 -
Harrison Tup WI 48045 5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		,
Page Subtotal	25500	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	
Page of	line 3a of Summary Page.	



Page ____

___of ___

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number _ 137127

CTE MARK KNOWLES **CANDIDATE COMMITTEE** Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) PAC Receipt? YES 3. Contribution #1 4. Date of Receipt Name & Address: HISGS WI Click Here for Memo Itemization Occupation Employer_ Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 0-26-C Name & Address English, Frank 21911 Marter : 25.60 ; 25°00 St. Uair Shores MI 48080 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer_ Business Address Type of Contribution: Direct Loan from a person Fund Raiser Contribution # 3 PAC Receipt? 4. Date of Receipt 9 - 26 - 08 Name & Address: 39295 Rivercrest \$ 25.00 Harrison Tup MI 48045 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation ___ Employer **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? 4. Date of Receipt Q_2(6-0) Name & Address Senstock, James 31689 San Juan ∞.*2*S Harrison Two MI 48045 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Employer _ **Business Address** Type of Contribution: **Fund Raiser** Direct Loan from a person

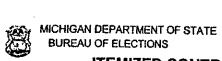
Grand Total of All Schedules 1A

Page Subtotal

200

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



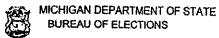
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name	E NAPRIL	Knowles
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9-26-08 Name & Address: Vrbin, Anna 21310 Trwin Armada, MT 148005 5. If over \$100.00 cumulative, please provide:	s_30.00	£30 ∞
Occupation Employer	Click Here for	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-26-08		***************************************
Mueller, Mark 29350 Jefferson St. Clair Shores Mt 48081 5. If over \$100.00 cumulative, please provide:	\$ <u>250.∞</u> Click Here fo	\$ <u>350</u> os
Occupation Employer		The state of the s
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-26-08		
Eineman, Matt & Sharon 39765 Chart	<u>\$ 50.∞</u>	\$ 5000
Harrison Tup MI 48045 i. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		•
Susiness Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #4 PAC Receipt? YES 4. Date of Receipt 9 - 26 - C		**************************************
Rice, Michael H. 31789 N. River Road Harrison Tup MI 48045	£ 25.∞	; 25 <u>00</u>
i. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	35500	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

line 3a of Summary Page.

Page _____of ____



Page____of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee 1.D. Number 137127
2. Committee Name CTE MARK KNOW) 65

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9-26-08 Rame & Address: Beffet Keri 2477 Coffrell Harrison Tup MI 48045 5. If over \$100.00 cumulative, please provide:	<u>\$ 55,00</u>	,5500
Occupation Employer	Click Here fo	r Memo Itemization
Business Address/		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Contribution #2 PAC Receipt? YES 4, Date of Receipt Name & Address	\ /	
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		Morris Normaday
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		ļ
Type of Contribution: Direct Loan from a person Fund Ralser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt	\$ \(\)	\$
5. If over \$100.00 cumulative, please provide:	Official Control	
Occupation Employer	Click Here for I	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotat	5500	- <u></u> -
Grand Total of All Schedules 1A (Complete on last page of Schedule)	1355 © Enter this total on line 3a of Summary	

Page.



ITEMIZED EXPENDITURES SCHEDULE 1B

CANDIDATE COMMITTEE 2. C	ommittee NameCTE JUACE	Know	<i>ES</i>
3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name AMERICAN GRAPHICS Address 34895 GROSSECK CLINTON TWP MI 48035 X Fund Raiser	COVER	9/15/08	1413∞
Expenditure #2 Name GINO'S SURF Address 37400 E. JEFFERSON HARRISON TWP M'S YBOHS Expenditure #2	Purpose: RENTAL Expenditure Gode RE Check box if this expenditure is payment of debt or obligation reported on previous statement	9/22/8	1500°°
Expenditure #3 Name CANDG NEWSPAPORS Address 13650 E I MILE WARREN 48089 MI Expenditure #3	Purpose: V4 PAGE AD Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous statement	9/22/	4189
Expenditure #4 Name JAMES CLOYO Address DETROIT Mi	Purpose: ENTERTAINMENT Expenditure Code ET Check box if this expenditure is payment of debt or obligation reported on previous statement	9/24,	628.7
Expenditure #5 Name GREG QUINN Address 37405 JEFFERSON HARRISON TWP Mi 48045 Fund Raiser	Purpose: EQUIPMENT (LIGHTING) Expenditure Code EQ Check box if this expenditure is payment of debt or obligation reported on previous statement	1/26	50°°
	Subtotal this	page	4009.0

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 137127

2. Committee Name

CTE MARK KNOWLES

CANDIDATE COMMITTEE 2. C.	ommittee Name <u>CIE MARR</u>	MOG	37 C S
3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Name PAUL FILLMORE Address HARRISON TWP 48045	Purpose: MAGIC SHOW Expenditure Code ET	9/26,	1000
E Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	(08)	
Name RUSSELL LOIA CONO Address ST CLAIR SHORES MI	Purpose: ENTERTAINMENT Expenditure Code ET	70/	5000
Fund Raiser Expenditure #3	Check box if this expenditure is payment of debt or obligation reported on previous statement	′ర్మ	
Name C.T.E. DAVID BRATTO Address 39020 PARKWAY CIRCLE HARRISON TWP MI 43040	Purpose: DONATION Expenditure Code NF	1%	10000
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	:	
Name AMERICAN GRAPHICS Address 34895 GROSBECK CUNTON TWO M;	Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous statement	10/6	g48
Expenditure #5 Name TERRY'S SUBMARINES Address 15 mile Rd OLINTON TUP MI	SENIORS EVENT Expenditure Code FE	10]	7952
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		(UTA)

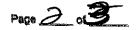
Subtotal this page 27 27 Grand Total of all Schedules 1B (Complete on last page of Schedule)

\$4347.18

33778

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES







ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Nun	nber_ /3	7127		
2. Committee Name	OTE	MARK	Knowles	

3. Name and address of person or vendor to whom paid			
	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name MARK KNOWLES Address - Z 4716 COTTRECC HARREON TROP M; 48045 [] Fund Raiser	Purpose: ENIOR'S EXPLIT Expenditure Code LO Check box if this expenditure is payment of debt or obligation reported on previous	19/10	86.76
Expenditure #2 Name ARRISON TWP Address PARKS AND RELEATION	Purpose ENIOR ACTIVITIES	10/	1000
HARRISON TAP M'S Fund Raiser WOYS	Expenditure Code	19/14	100-
Expenditure #3			
Name CREG Address RIVERSIDE DR HARRISONTWP48045	Purpose LEAFCETS Expenditure Code PA	10/	5000
LJ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	·	
Name CANDY NEWSPAPERS Address 13650 E 11 MILE	Purpose: YERTISMENT Expenditure Code PA	10/16	1400°
T Fund Ralser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #6			
Name	Purpose:	•	/
Address I Fund Raiser	Expenditure Code Check box if this expenditure is payment of debt or obligation reported on previous		
	statement]]

Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule) 5983.94

Enter this total on line 8s of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-15



MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number

	- USE A SEPARATE SHI	EET FOR EACH EVENT	•
3. Date Event Was Held 26 8 Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity DINNER MUSIC	6. Address and Name (If any) of the place where the activity was held GIND'S SURF 37400 E JEFFERSON TWP 4804S
7. Total Contributions of \$20.008. Total Contributions of \$20.009. SUBTOTAL (Add lines 7 and 10. Other Receipts 11. Gross Receipts (Add lines \$12. Total Cost of Event*	1 or more $\boxed{3}$ $\boxed{4}$ $\boxed{3}$	*In Ex e following:	cludes In-Kind Contributions and All penditures Made For the Event
Co-Sponsor(s)	Contribution (%)	Split	Expenditure Split (%)
covered by the Camp	aign Statement.		ising event held during the period
(1A), Itemized In-Kind	d Contributions Schedule (1-IK),	itemized Expenditures Schedi	on the Itemized Contributions Schedule (1B) and the Summary Page.
Each committee that	participated in a joint fund raise	r must file a Fund Raiser Sche	dule for the event.
Page of CFR Rev	9/1999f Authority gran	ted under P.A. 388 of 1976	